

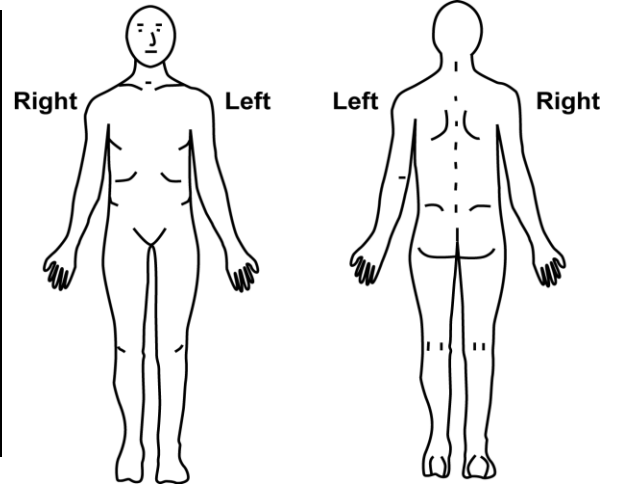
# Newport Pain Management Daily Pain Log

Date of Last Visit:

Your Name:

Diagram Your Pain

List all medicines	How Often Taken	List Any Side Effects



Please keep a record of your pain score: 0 equals no pain and 10 equals the most severe pain imaginable. **Bring this sheet and all your medications to your next appointment.**

	Start Date:	Average Pain Score	Time Spent Doing Exercises	List the exercises/stretchers you did	Calorie Intake
Week One	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Week Two	Monday			
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Week Three	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
Sunday					

Comments:

	Date:	Average Pain Score	Time Spent Doing Exercises	List the exercises/stretchches you did	Calorie Intake
Week Four	<b>Monday</b>				
	<b>Tuesday</b>				
	<b>Wednesday</b>				
	<b>Thursday</b>				
	<b>Friday</b>				
	<b>Saturday</b>				
	<b>Sunday</b>				
	Week Five	Monday			
Tuesday					
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Week Six	<b>Monday</b>			
<b>Tuesday</b>					
	<b>Wednesday</b>				
	<b>Thursday</b>				
	<b>Friday</b>				
	<b>Saturday</b>				
	<b>Sunday</b>				
	Week Seven	Monday			
Tuesday					
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Week Eight	<b>Monday</b>			
<b>Tuesday</b>					
	<b>Wednesday</b>				
	<b>Thursday</b>				
	<b>Friday</b>				
	<b>Saturday</b>				
	<b>Sunday</b>				

Comments: